

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010848

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71Primary Registration District No. 3012Registrar's No. 37

STATE FILE NUMBER

FILED APR 2 1963

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR

TOWN

Excelsior Springs

Length of stay in 1b

2/28/63

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Excelsior Institute Hosp

Inside Limits

No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Clay

admission)

c. CITY

OR

TOWN

Excelsior Springs

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

R.F.D. I 3miles South

Reside on Farm

No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Cynthia

F.

Dickey

4. DATE

Month

Day

Year

OF

DEATH

March

24, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

3/15/1875

9. AGE (last birthday)

88

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

Clay County, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James H. Sharp

13b. MOTHER'S MAIDEN NAME

Penelope Summers

14. NAME OF HUSBAND OR WIFE

John S. Dickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No.

No.

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Nadine Dickey, R.F.D. I, Ex. Spgs.

Address

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Circulatory Failure

INTERVAL BETWEEN

ONSET AND DEATH

Hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Decompenated Hypertensive Heart Disease months

DUE TO (c)

Arteriosclerosis year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 1963 to Mar. 24, 1963 and last saw her alive on March 24, 1963

Death occurred at Mar. 24, 1963 at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. F. Lambert, M.D.

22b. ADDRESS

Main Street, Springfield, MO 65801

22c. DATE SIGNED

Mar. 26, 1963

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

3/26/1963

23c. NAME OF CEMETERY OR CREMATORY

Enon Cemetery

23d. LOCATION (City, town, or county) (State)

Ex. Spgs. MO. R.F.D I

24. FUNERAL DIRECTOR

ADDRESS

Hope Funeral Home, Ex. Spgs. MO.

25. DATE RECD. BY LOCAL REG.

3-26-63

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300
Rev. 4/59

1 6001

2 6000

3

4 1

5 2

6

7 0

8 2

9 443X

10

11

12 1-2

13 1-0

Funeral permit issued 3/26/63 E.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.